



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

MEMORANDUM

DATE: July 10, 2006
TO: Service Providers/Advertisers
FROM: Debbie Webster, Conference Coordinator

19th Statewide Community Support/Targeted Case Management Conference

You are cordially invited to exhibit at the 19th Statewide Community Support/Targeted Case Management Conference (formally known as the Case Management Conference) to be held on **November 8 & 9, 2006, with a pre conference on November 7, 2006**. It will be held at the Benton Convention Center, Winston-Salem, NC. The hotel rooms will be at the Embassy Suites and the Marriott Hotel across the street. The NC Division of MH/DD/SAS sponsors this conference. The target participants for the conference will be professional staff providing any type of Community Support/Targeted Case Management to individuals with any disability and paraprofessionals providing Community Support services to individuals with mental illness and substance abuse issues.

The popularity of this conference has grown especially with the presentation of the Sandra Wells Peterson Outstanding Case Manager Award that is presented during the conference award luncheon. It is anticipated that over 1000 professionals and paraprofessional staff will attend this conference. The Community Support/Targeted Case Management Conference is an excellent opportunity for you to network with new and established staff. Whether your company is large or small, sells products or provides services, you will not want this opportunity to pass you by. There will be many opportunities during the two-day conference for you to share information about your services or products with a diverse group of staff.

The fee for exhibit space is **\$375**. All exhibitors will be located in the South Main Hall where the food functions will also be held. The fee provides you with a 6' draped table with two chairs, one registration for attendance to the conference, continental breakfast, breaks, and attendance to the Social, Bingo and the Award Luncheon. This fee **does not** include the cost of an electrical outlet for your exhibit. (Please refer to the attached information sheet from the Benton Convention Center) **Exhibits will be displayed during the conference on November 8 & 9, 2006. Exhibit tables will be available for set up after 5:00pm on November 7, 2006. The fee covers no more than 2 representatives from your company as part of the exhibit with one representative present at the exhibit during the conference hours.** The Social and Bingo are great opportunities to network and socialize with the participants. Your Agency can sponsor door prizes that will be given out during the Social providing your agency with recognition. The value of the door prizes must be at least \$25 per prize. You can also sponsor the breaks, award luncheon, social or bingo, which will give additional recognition to your agency. Your Agency will be listed in the Conference Program as a sponsor for the conference.



The Benton Convention Center has been remodeled and the capacity for each session will be strictly enforced. The maximum number of attendees to the conference is 1255. The conference agenda this year will offer 6 sessions of endorsed training that participants will need to be pre-registered for in order to attend and 6 sessions open to any participant that will not require a pre-registration. The Conference Brochure will be sent out by August 15, 2006. All sessions will address the tools and strategies needed to provide Community Support and Targeted Case Management. As part of your registration fee, one of two people your agency will send to be responsible for the exhibit table can register for one of these 6 sessions of endorsed training or attend the open sessions. Please understand you can not use the free conference registration for anyone else in your agency. In order to use this free conference registration for one of the two staff responsible for your exhibit, you will need to notify me via e-mail no later than **September 15, 2006**. If you do not notify me by **September 15, 2006**, your agency will forfeit the free conference registration. I must do this to ensure the hotel that the conference attendance numbers do not go over the maximum amount. The Conference Planning Committee has developed a very strong agenda this year and participants will leave the conference with viable techniques that they can immediately implement into their daily Community Support Services or Targeted Case Management Services

To purchase exhibit space, complete and mail/fax the Exhibit Registration Form to Terry Gray, NW AHEC, Mental Health Section, Medical Center Boulevard, Winston-Salem, NC 27157-1060, and Fax-336-713-7027. Please **return the enclosed registration form by September 1, 2006** and payment **must be received by November 1, 2006**. Please make your check or money order payable to **Wake Forest University School of Medicine**. Payment can also be made by Visa or MC. Registration will be confirmed once payment is received. **Exhibit space will be on a first come, first pay basis. You are encouraged to register and make payment early to secure an exhibit table.**

The 19th Statewide Community Support/Targeted Case Management Conference will be held at the Benton Convention Center, 301 West Fifth Street, NC 27101. Special block rooms are held at the Twin City Quarter, Embassy Suites and Marriott Hotel, 460 North Cherry Street, Winston-Salem, NC. Room rates are as follows: single rate, one or two beds, \$120.00. Room reservations should be made by calling 1-877-888-9762. Inform the reservation clerk that you are with the Community Support/Targeted Case Management Conference and make reservations by **October 1, 2006** to secure this rate.

Should you have any questions, require additional information, or if I can be of assistance to you in any way, please feel free to contact me at the office-919-715-2774 or e-mail debbie.webster@ncmail.net

We would like your company to join us by exhibiting and making this conference a huge success!

Attachment

Cc Planning Committee



The 19th Statewide Community Support/Targeted Case Management Conference
Exhibitor Registration Form
November 8 & 9, 2006

Complete **all** information to reserve exhibitor space at the 19th Statewide Community Support/Targeted Case Management Conference. **TYPE OR PRINT NEATLY TO ENSURE CORRECT SPELLING!**

Name of Company: _____	
Address: _____	
City/State/Zip: _____	
Contact Person: _____	Phone: _____
E-mail address: _____	FAX: _____
Persons staffing exhibit space: _____	
Limited to 2 people only	
Name	E-mail
Check here if you plan to attend: <input type="checkbox"/> social <input type="checkbox"/> bingo <input type="checkbox"/> award lunch	
PLEASE GIVE	
E-MAIL ADDRESS!	
Name	E-mail
Check here if you plan to attend: <input type="checkbox"/> social <input type="checkbox"/> bingo <input type="checkbox"/> award lunch	
Staff Address: _____	
City/State/Zip: _____	

Exhibit Table	\$375	_____
Sponsor Break	\$150 (minimum)	_____
Sponsor Social	\$150 (minimum)	_____
Sponsor D.J.	\$150 (minimum)	_____
Award Luncheon	\$150 (minimum)	_____
Sponsor Bingo	\$150 (minimum)	_____
Total Contribution		\$ _____
Door Prize (\$25 Minimum) Number to Donate _____		
<u>Electrical outlet not included in cost. Complete & mail attached form to Benton Convention Center Convention Center.</u>		

Send Exhibitor Registration Form By: September 1, 2006
Payment Must Be Received By: November 1, 2006 (to confirm space)

Check in at registration table prior to setting up exhibit to receive table assignment and conference package. Please bring donated door prizes to the registration table.

Enclosed: \$ _____ Check # _____ ☐ Personal Check ☐ Business Check ☐ Credit Card

Make Check Payable to:
Wake Forest University School of Medicine

Mail to: Marie Simos
NW AHEC, Mental Health Section
Medical Center Boulevard
Winston-Salem, NC 27157 – 1060
E-Mail: msimos@wfubmc.edu
FAX: (336) 713-7701

[] VISA [] MASTER CARD	
Name _____ (As appearing on card)	
Card # _____	
Exp. Date _____	
Billing Address _____	Zip _____
Signature _____	

REMINDER: Please contact Debbie Webster per E-mail address: debbie.webster@ncmail.net by Sept 15, 2006 if using the free conference registration.

Questions call Debbie Webster, Conference Coordinator (919)715-2774 or Marie Simos (336) 713-7721

_____ Authorized Signature	_____ Title	_____ Date
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